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RISK ADVISORY SERVICES

Department of Health and Human Services

Integrated implementation Plan – Child and Family Services and Disability Services reforms

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Glossary

Best interests	The best interests of children and young people must be paramount in all decision making and in delivering all services and interventions. Considering a child's best interests must include protecting them from harm and promoting their development in age appropriate ways. The best interests of children must be at the centre of all decision making.
Case plan	Case planning is an on-going process from the moment a child or young person is notified to Child Protection. It involves setting goals for children and young people based on an assessment of their needs and planning a course of action to achieve these goals. Case plans also provide details of how all the parties involved in delivering responses will communicate with each other. Case plans are developed and managed considering the best interests of the child, the impact of cumulative harm, the importance of stability and the needs of children and young people for contact with their families.
Child and family plan	Based on an assessment of the circumstances of the child, young person and their family, a child and family plan details the interventions and support that Family Services will provide to the child and family.
Child and family services	Used to describe all services delivered to children, young people and families (including Family Services, Out of Home Care, Child Protection, and early years services).
Commonwealth State/Territory Disability Agreement (CSTDA)	The Commonwealth State/Territory Disability Agreement (CSTDA) provides a national framework to support the provision of specialist disability services across Australia. Amongst its roles the CSTDA outlines the respective and collective roles and responsibilities of governments; provides for accountability to funders; and provides for funds to address key national and strategic research, development and innovation priorities.
Community based Child Protection worker	A Child Protection worker co-located in a community intake point or at a universal service which might include hospitals and educational facilities. This worker assists in decision making around referrals of children and young people to Family Services or Child Protection. This worker is a Senior Child Protection worker.

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Cumulative harm	The harm caused to children and young people through continued or extended periods of adverse events experienced though childhood. The number of these adverse events experienced has a direct correlation with adult depression levels, heart disease and substance abuse in adult life.
Disability Services	Used to describe specialist services provided to people with severe and profound disabilities.
Family Services	Services in the community that provide earlier intervention services to vulnerable and at risk children and families as specific issues emerge, and services that provide intensive support to vulnerable and at risk children and families involved with Child Protection.
Governance arrangements	Will oversee the Child and Family Services sector and Disability Services
Individualised Planning	Framework which allows people with disabilities, their families and carers to actively participate in planning, make choices and influence decisions about how they live their lives. This ensures that services and supports are aligned to goals and aspirations of individuals.
Out of Home Care provider	A service that provides placements to children who require placement away from their family.
Population-based resource allocation	Ensure that resource allocation is based upon: • relative population need and risk (as based on the level of social and economic disadvantage, burden of disease, prevalence of disability etc) • differences in terms of service delivery costs between regions (taking factors such as the extent of travel required to access services into account).
Regional Access and Coordination	A visible entry point in the community for people with disabilities, children, families and other professionals to access Family Services and Disability Services. The community intake point facilitates access to appropriate services, following an assessment of the circumstances of the child or young person and their family and /or the person with a disability. Also called the "community intake point' in the Family Services Strategic Plan.
Regional governance arrangements	Will oversee services (both Child and Family Services, Disability Services and the access to other DHHS services at the regional level).

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	Will enable coordinated delivery of services, enabling an holistic response to people with disabilities, children and families, the provision of a flexible continuum of services locally, and opportunities to make best use of resources at the regional level to improve responsiveness to community needs This mechanism is inclusive of the Child and Family Service Networks.
Risk factors	Factors that increase the likelihood of a negative event occurring. Risk factors can be person specific, can be attributed to families, can arise in response to the availability of support and services or can be found in the community. A combination of risk factors may lead to: • an increase in the child's vulnerability and future behavioural and psychological problems, particularly if risks accumulate over time; and • an increased in a person with a disability's vulnerability.
Secondary or specialist services	Services that respond to specific issues as they emerge. Examples of these types of services are early childhood intervention, mental health, drug and alcohol services, family services and disability services.
Stability	All work with children and young people must focus on providing a stable environment in which age appropriate development can occur for children and young people. Stability must be considered across a range of domains including where the child is placed, education, religion and social and family connections.
Tertiary Services	Services that respond to children at risk. These services are usually governed by legislation and include Child Protection, Out of Home Care and Youth Justice.
Traditional services (for Disability Services)	Services to people with disabilities are provided primarily in the following broad categories, which represent the more 'traditional' models of disability support provision: 1. Community support - therapy services, early intervention, behaviour/specialist intervention, case management, service coordination and regional support teams; 2. Community access - recreation/holiday programs, day options, and learning and life skills development programs. These services are predominately provided by the non government sector; 3. Respite - in-home respite, centre-based respite, and host family respite;

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	4. Accommodation support – institutional care, hostels, group homes, provision of in home support. Accommodation services are provided by both government and non government providers; and 5. Information and advocacy.
Unit price	Allocates a 'price' to each service type on the basis of the cost of service provision (considering salaries, infrastructure, brokerage and other operational costs).
Universal services	Those services that are available to all members of a community such as education services and universal health services. These services play a role in preventing problems and in early identification of issues which may require assistance, support or intervention from a secondary (or more specialist) service.

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1 Introduction

During 2007 and early 2008, KPMG undertook comprehensive reviews of the Tasmanian Child and Family Service System (including Family Services, Out of Home Care and Child Protection) and Disability Services.

The review processes highlighted a requirement for significant and sustained reform across both sectors, in order to support high quality services and effective outcomes for vulnerable children, young people and families, and people with disabilities, their families and carers.

The key findings of the reviews and the requirement for an integrated approach to implementation are discussed in the following sections.

1.1 Requirement for reform

The requirement for reform within both sectors, including the opportunities for an integrated approach are as follows:

Child and Family Service System

There is a strong need for whole of system reform and for stronger emphasis on earlier provision of services to vulnerable and at risk children and young people. This reflects recent developments in understanding of brain development, and evidence highlighting the critical importance of earlier and preventative intervention, as well as the successful implementation of place based, localised service delivery to vulnerable children, young people and families within other jurisdictions.

The current Child and Family Service system in Tasmania is characterised by:

- limited availability of options in the community to support vulnerable or at risk children, young people and families.
- limited capacity of community based services to provide assistance or support to children and families at times when problems emerge;
- increasing numbers of notifications (with many children and young people being notified repeatedly) to the Child Protection program resulting in excessive demand for service;
- the burden of responding to vulnerable and at risk children, young people and their families sitting with the Child Protection system;
- high numbers of children and young people being placed in Out of Home Care, as by the time the Child Protection system is able to respond, concerns have escalated and risk is high; and
- limited placement types and options within Out of Home Care, with high numbers of children being placed in residential care, as opposed to nurturing and supportive home based alternatives.

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There is an urgent need to build upon the existing non-government service system to increase the capacity of family services to respond to children and families before problems escalate to warrant protective intervention.

Concurrently, there is a requirement to strengthen Out of Home Care Services to enable: a safe, nurturing environment for children and young people who can no longer remain at home; a wider range of placement types and specialist programs to better meet the needs of children and young people in Out of Home Care; and provide care of a consistently high quality.

Reforms to the Child Protection program have focussed on strengthening responses to children and young people by restructuring service provision to promote an emphasis on investigating concerns about children when a notification is first received (response) and on the development of case plans which focus on the safety, stability and development of the child or young person.

Disability Services

The provision of effective support to people with disabilities is a critical part of supporting individuals to achieve meaningful life outcomes. The final report on the review highlighted that Disability Services is in urgent need of reform, with substantial change required to effectively address the needs, goals and aspirations of individuals with disabilities.

Core issues highlighted in the review include:

- a reasonable level of unmet demand for disability services, which is only likely to increase given the trend towards the ageing of the population in general, and of informal carers;
- availability of a traditional array of service options which are not reflective of contemporary practice or appropriately responsive to the diverse needs of people with a disability;
- existing methods of resource allocation, as well as differences in service models and cost structures have contributed to significant regional equity issues in relation to access to services;
- inconsistency in the assessment and prioritisation of need and access to supports (creating inequity in access);
- historically-based funding arrangements, with limited understanding about whether funding reflects the cost of service provision or the degree of equity between providers; and
- quality assurance systems are relatively new within the Disability Services environment, and are yet to be fully implemented and embedded. Systems also focus on assurance, rather than taking a longer term perspective on improvement in quality of services to people with disabilities and their families.

Overall, the system is currently in a substantially decayed state, and will only lapse into severe crisis without fundamental reform.

There is an opportunity to generate tangible reform through implementing a continuum of flexible services that reflect contemporary disability practice, are of a high standard and effectively provide meaningful outcomes for clients.

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Concurrently, there is a requirement for new investment - in governance, regional planning and resource allocation; quality systems; workforce development; sector capacity building; and frameworks for assessment and prioritisation – to ensure 'system preparedness' for reform.

Common elements of reform

There are a number of key elements which are common to the reforms in both the Child and Family Services sector and Disability Services. These include:

- a requirement for clear shared governance arrangements – at a state-wide and a regional level;
- development of a resource allocation and funding model which considers relative population need and risk, historic inequities in service access, reasonable costs of service delivery, and consistency in funding amongst the providers within a region;
- planning by location to ensure services are better targeted to community needs;
- establishing appropriate outcomes and measures of effectiveness which are meaningful;
- refining the existing quality systems in Disability Services and developing quality systems throughout the Child and Family sector to focus on monitoring of performance and quality improvement in terms of outcomes, organisational compliance with standards of good practice, and sector-wide health, innovation and growth;
- developing the capacity of the workforce across DHHS and the non-government sector to give effect to the forward directions for both sectors;
- developing an integrated approach to training across the DHHS and non-government workforce;
- active engagement of peak bodies and advocacy groups to drive consumer input into the reforms;
- the development of a continuum of service options, which will ensure a better match between need and intensity of support;
- implementation of consistent and transparent eligibility determination and prioritisation procedures for accessing services (focusing on those who are most vulnerable);
- visible system entry points to enable improved access to services and a centralised approach to the management of demand at the regional level; and
- the need for comprehensive communication strategies.

These areas of commonality provide the basis for an integrated approach to the implementation of the reforms and will offer tangible benefits to DHHS, service providers and service users, as highlighted below.

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1.2 Creating an integrated framework for implementation

Both Child and Family Services and Disability Services share the common goal of working to improve the well-being, quality of life and outcomes for the individuals and families they serve. In addition, as individuals and families often have multiple problems, a number require support from both Child and Family Services and Disability Services, as well as other universal, secondary or specialist services. This is particularly important in the context that 28 per cent of the disability population of Tasmania are children and young people aged 0-14 years.

As such, this increasing interdependence amongst different health and human services program areas, means there is a strong potential for benefit where such programs work together more closely. Benefits include:

For individuals with a disability, and children, young people and their families:

- creating shared responsibility for outcomes. i.e. vulnerable children and young people with disabilities, to ensure this group receives appropriate and responsive services, rather than 'falling through the cracks';
- significantly improving the services offered within regions and local communities;
- easier access to services – child and family services, disability and other universal, secondary and specialist service options;
- increased satisfaction as their needs are identified and responded to in a consistent and timely manner;
- consistent prioritisation processes focusing on the needs of individuals and families, rather than by the services that are perceived to be available;
- timely information and advice about the availability of local resources and the means to access these; and
- earlier intervention enabling support before a crisis situation has been reached.

For Government:

- joint planning across DHHS program areas, which will support better use of scarce resources both now and into the future;
- greater clarity about value for money and service system effectiveness;
- consistency in eligibility determination and prioritisation, enabling equity of access;
- the development of new and innovative models of service delivery, which operate across programs and support meaningful outcomes.

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For service providers:

- greater capacity to respond to changing community needs. i.e. requirements of increasingly more vulnerable children and young people and/or ageing carers of people with disabilities;
- greater motivation for service providers, due to the capacity to identify the connection between their work and its impact on individuals with a disability, children and families;
- capacity to work more effectively with individuals with a disability, children and families:
  - relationships developed with local agencies will support better knowledge of the service system and the capacity to more easily facilitate joined-up responses;
  - capacity to identify the full range of services and supports being provided, and therefore improve coordination of care; and
  - an emphasis on working proactively rather than delivering a crisis response.

It is for these reasons, that an integrated approach to the implementation of the reforms is being adopted. Importantly, encouraging a genuine partnership based approach to planning, service system development and service delivery of Child and Family Services and Disability Services will set the framework for a broader, integrated health and human services program into the future. That is, the integration of all health and human services provided by DHHS including primary health, mental health, alcohol and drug treatment services, housing, aged care, youth services and other related program areas.

1.3 Implementing the reforms

Implementation of the reforms will require:

- the development of infrastructure to underpin the reforms - this includes a strategic policy framework, new governance arrangements, resource allocation and pricing models, planning, quality systems, defined outcomes and workforce structures;
- transition planning - allowing for devolution of service delivery to non-government organisation (NGO) service providers, further development of the continuum of disability services, expansion of family services and development of a range of out of home care service options, and expansion of the service system;
- innovation and evaluation elements - this focuses on integrating action research and learning into the implementation process, supporting ongoing capacity building and assessing effectiveness; and
- clear implementation structures - a Systems Establishment and Reform Implementation Unit (within central office DHHS), regional staffing structures, an overarching communication strategy, and updated legislation, as a basis to embed the reforms.

The relationship between these elements is depicted in figure 1 below.

Figure 1 - Implementing the vision for change

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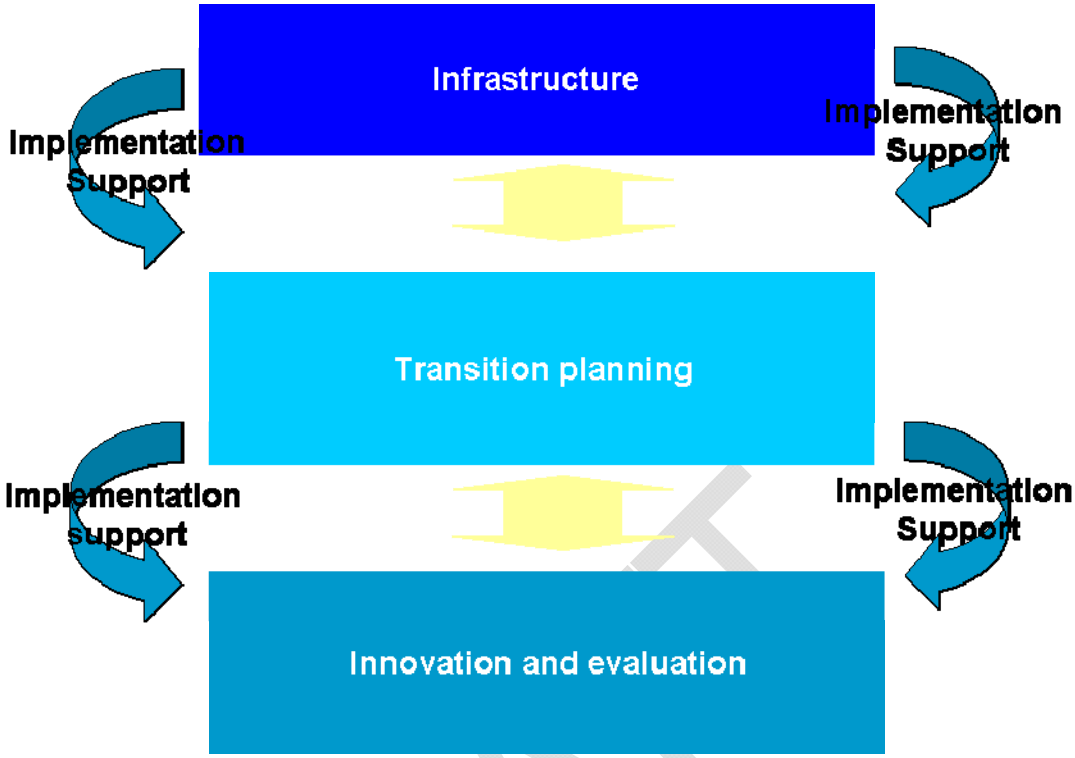

Importantly, the integrated implementation strategy will need to be underpinned by an emphasis on change management recognising that there are a number of barriers to achieving effective integration (see section 2.2).

1.4 Underpinning Principles:

Implementation of the vision for change is underpinned by six key principles which reflect best practice in terms of integration and partnership based approaches to governance, planning, service system development and service delivery.

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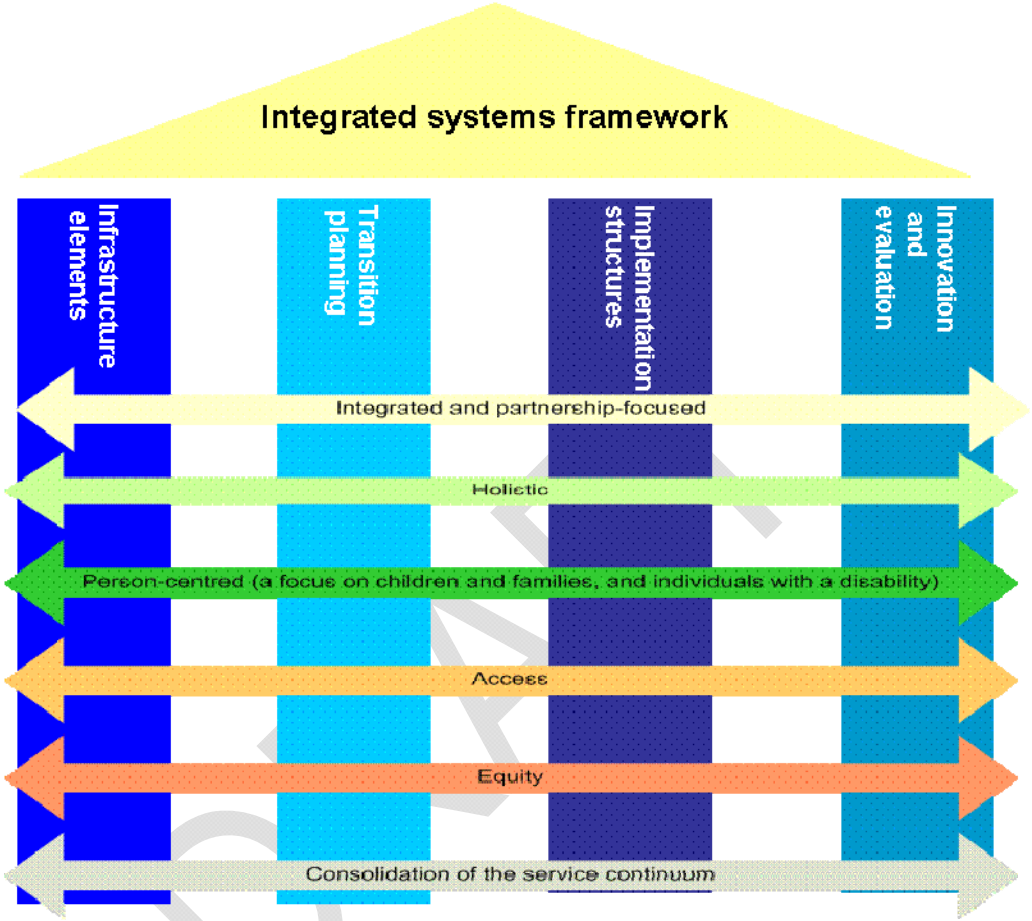
Figure 2 - Embedding the key principles into the integrated vision for Child and Family Services and Disability Services



These core principles are as follows:

- Integrated and partnership-focused: Services should be planned and implemented through shared governance arrangements (at the state-wide and regional level). This should include key stakeholders from Child and Family Services, Disability Services and other DHHS services.

- Holistic service responses: There should be a focus on addressing the full range of needs, risks, and aspirations of individuals with a disability and children and families.

- Person-centred approaches: This recognises the benefits of service models that promote individual capacity, are strength based and build and maintain family and community resilience.

- Access to services: Planning will enable ease of access to services, and will result in service development based on population needs analysis, starting from the preferred options of community based services.

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- **Equity across the community:** Planning will support equity in the distribution of resources/services, based on the identified characteristics and needs of regional populations.
- **Consolidation of the service continuum:** There will be a strong focus on developing and consolidating a continuum of services, as well improving the range, flexibility and quality of services delivered. The service continuum should include prevention, early intervention, and more intensive levels of support.

As illustrated in figure 2, these principles have been embedded into each element of the implementation plan.

1.5 Structure of the report

This implementation plan outlines the requirements to implement the reforms in Child and Family Services and Disability Services using an integrated approach. This details the requirements for:

- developing the core infrastructure elements, which will enable the reform process;
- the transition planning processes;
- embedding a focus on innovation and ongoing evaluation; and
- developing the implementation support structures.

This is followed by a schedule of implementation activities, which details how the reforms will be put into practice over the three year period 2008-09 to 2010-2011.

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2 Infrastructure underpinning the reforms

There is a range of key infrastructure elements required to enable the integrated implementation of the reforms, including:

- new governance arrangements;
- a change management strategy;
- resource allocation and funding;
- planning;
- assessment
- structures for regional coordination and access;
- quality systems including a performance monitoring framework and practice standards;
- defined outcomes; and
- workforce planning.

The requirements for developing each infrastructure element are described in the following sections.

2.1 Governance

This will involve establishing clear governance arrangements - with a focus on a shared vision for integration, clear leadership, defined roles and responsibilities, and clear accountabilities - to oversight the integrated implementation of the reforms. This will include the establishment of:

- **cross-government arrangements** (drawing together representatives from DHHS, Department of Education and other related Departments to take joint action on the Child and Family Services and Disability reforms);
- **partnerships arrangements at the statewide level (state-wide governance arrangements),** lead by DHHS but drawing on cross-sector representation from Disability Services and Child and Family Services. The primary membership of this group will comprise:
  - DHHS staff within Child and Family Services and Disability Services;
  - funded providers from Child and Family Services and Disability Services;
  - funded providers of universal, secondary, specialist and tertiary services (where there is a particular need for joint policy development to support an integrated service response for children, young people and families, and people with disabilities);

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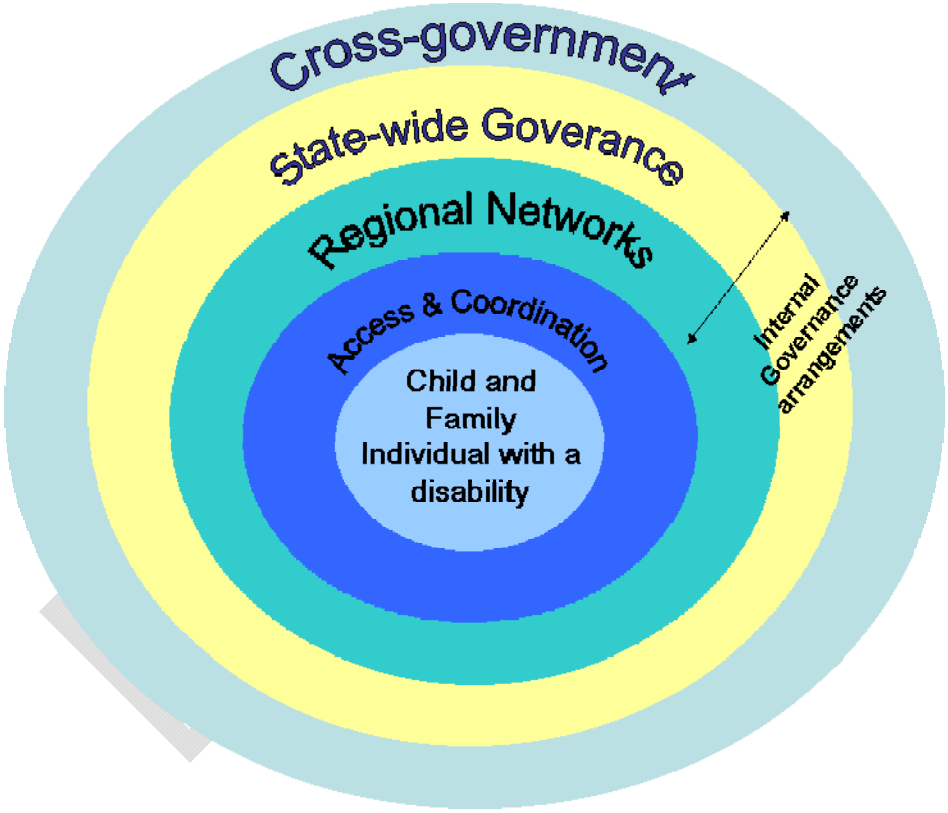
- key advisory groups (e.g. Minister's Disability Advisory Council);
- peak bodies (i.e. National Disability Services and the new Peak Body, currently being considered for the Child and Family Services, which will take on a strong representational role for the sector);
- advocacy groups (i.e. CREATE); and
- representatives of children, young people and families, and individuals with disabilities.

Figure 3: Governance arrangements



- partnerships at a **regional level (regional networks)**. The primary membership will comprise funded Family Services, Out of Home Care services and Disability Services in the region, as well as representation from children, young people and families, individuals with disabilities and DHHS regional staff. DHHS staff and providers associated with related health and human services supports (e.g. health, primary and community health, youth services, drug and alcohol services, mental health, housing, Home and Community Care (HACC) and aged

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care) may also be engaged to support the capacity of people with disabilities and vulnerable children and families to better access other DHHS services.

- partnerships at a **service delivery level** the Regional Access and Coordination function[1] will provide a visible point of entry to Child and Family Services and Disability Services at the regional level. A single agency within each region (or a consortia of agencies) will take responsibility for managing the Regional Access and Coordination function. To enable effective collaboration, regional network partners including DHHS, and funded providers may identify staff to participate in the operational group which will oversee this function. This arrangement may also engage other DHHS services. This is discussed at Section 2.7.

This will be enabled through greater integration **internal to DHHS** including:

- an **interface group** to drive greater partnerships amongst DHHS program areas (See Action 5 for details); and

- **changes to DHHS regional arrangements**, to support greater collaboration between Child and Family Services and Disability Services (See Section 4 - Reform Implementation Structures for details).

Development of the governance arrangements requires the following processes.

Action 1: Clarifying the relative roles of government, service providers and people with disabilities, and children and families

A core facilitator of an integrated framework for reform involves the creation of strong and sustainable partnerships between:

- Government;

- the NGO sector;

- key advisory groups (i.e. the Ministerial Taskforce on Disability);

- advocacy groups;

- peak bodies (i.e. National Disability Services, Tasmanian Council of Social Services);

- individuals with a disability; and

- children, young people and families.

This recognises that there will need to be fundamental changes in terms of how these parties work together in order to create a 'new vision' for the both Child and Family Services and Disability. Importantly, NGOs and people with disabilities and children and families can be active

[1] This will also pick up all the functionality of the Community Intake, referred to in the Strategic Plans for Family Services, Out of Home Care and Child Protection.

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contributors to policy development, regulation (i.e. quality systems) and the service provision process. This can add significant value to the Child and Family Services and Disability Services Systems.

As such, to set the frame for partnership based governance arrangements, a clear statement will need to be developed which articulates:

- the relative responsibilities of government, service providers, children and families and people with disabilities and other relevant stakeholders – at the state-wide and regional levels;
- a description of the requirements of each role; and
- the associated performance accountabilities.

Action 2: Establishing the cross-government arrangements

There will be a need to consider the requirement for a cross-government group to promote leadership across all State Government agencies to achieve a 'whole-of-government' approach to policy and planning, service delivery, and shared outcomes reporting in terms of children and families and people with disabilities. This will build on existing mechanisms i.e. the Disability Bureau and the Interagency Group for Children and Families.

Action 3: Establishing the state-wide governance arrangements will involve determining the broad membership of the group, development of draft Terms of Reference, and a workshop (engaging all members) to facilitate agreement on the roles and responsibilities and how the group will work together to oversee an integrated approach to the provision of Child and Family Services and Disability Services.

Core roles and responsibilities of the governance group are likely to include:

- determining a strategic policy platform for integration and the development of a shared vision that includes the development of a common language across the program areas;
- creation of joint planning mechanisms (including the capacity to more effectively identify trends in human services at a state-wide level);
- creating opportunities for joint funding to address the needs of shared clients;
- joint development of outcome measures (including the types of measures required to demonstrate the value of system integration); and
- joint service system capacity building.

The Terms of Reference will also describe:

- the relationships between the different levels of governance – state-wide and regional;
- operational matters including how frequently the group will meet and the role for the Secretariat; and
- other related matters.

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Importantly, underpinning this process, there will be a requirement for a clear 'vision for the future' which articulates the value of, and benefits to be derived from, genuine cross-program integration. The vision should also provide a clear sense of how the state-wide governance group will work together towards its goals and ensure these goals are disseminated widely amongst key stakeholders across the two sectors.

Such a shared vision is critical in supporting the required mindset and practice change, with the expectation that Child and Family Services and Disability Services will evolve from working in parallel, to working collaboratively to achieve shared outcomes (the highest possible level of integration).

The new governance structures will be implemented as soon as membership of the group is determined.

Timeframes: This activity will occur within the first 3 months of 2008-09.

Action 4: Establishing the regional governance arrangements

At the local level, an integrated governance framework will focus on the coordinated delivery of services, enabling an holistic response to the individual and their family, the provision of a flexible continuum of services locally, and opportunities to make best use of resources at the regional level to improve responsiveness to community needs.

Workshops will be facilitated with stakeholders in each region to establish a partnership based approach to governance and planning. This will involve consideration with each governance group of:

- key roles, responsibilities and functions. i.e. planning by location, implementing and overseeing the Regional Access and Coordination[2] function, developing and implementing the regional service plan, sharing best practice and innovative models of service provision, data collection and reporting at the regional level, and other related activities;
- the existing mechanisms to support integration and partnerships between DHHS and community providers (and across Child and Family Services and Disability Services) including the introduction of Community Based Child Protection workers;
- how the two sectors will work together in the future, including suggested means to improve relationships and support a partnership-based approach;
- how best to engage children, young people and families, and people with disabilities, families and their carers, in the regional governance process; and
- the best means to engage other services in the reform agenda.

As an outcome, a range of key governance tools will need to be developed including Memoranda of Understanding (MOU) or formal partnership agreements, reporting templates to

[2] The term Regional Access and Coordination is also used to represent the community intake point referred to in the Family Services strategic framework

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ensure consistent and regular reporting (to the state-wide governance group), planning templates; referral protocols, demand management and prioritisation protocols and other required resources. Importantly, skills transfer and ongoing education and training will be offered to regional networks to facilitate effective governance.

Timeframes: This activity will occur within the first 6 months of 2008-09.

Action 5: Creating a DHHS Interface group (internal governance)

Linkages with other health and human services providers are required to:

- facilitate inclusion for people with disabilities, and overcome the current situation, whereby disability services are often the default service response; and
- enable an early intervention response (for vulnerable children and families), and support access to specialist services (i.e. mental health, alcohol and drug treatment) for those with complex and multiple needs.

To enable this, an interface group should be established within DHHS comprising high-level representation from key health and human services program areas, such as mental health, drug and alcohol and community health. This group will have responsibility for:

- identifying key issues at the interface of Disability Services and/or Child and Family Services and other health and human services program areas; and
- actioning strategies (at the state-wide level) to support better access to other health and human services for people with disabilities and children and families.

Child and Family Services and Disability Service providers and individuals on the state-wide and regional governance groups, will be asked to provide input as to current issues in relation to access to other universal, secondary and specialist services.

The interface group will develop a three-year action plan to improve the broader service response for children, young people and families, and people with a disability. This will include key initiatives and targets, for which Disability Services, Children and Family Services and other DHHS program areas will share joint responsibility at a state-wide and regional level.

The group will be asked to report to the Deputy Secretary against the plan on a three-monthly basis, to support accountability.

Timeframes: This activity will occur within the first 6 months of 2008-09

2.2 Change management strategy

In order to support an integrated approach, there will be a requirement for significant cultural and practice change throughout the sector. As illustrated in figure 4, Disability Services and Child and Family Services will need to move from the current state of simple 'awareness' of each other's program and 'sharing information' on an informal basis, to a 'genuine partnership-

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based approach' which involves joint planning, investment, service system development and service delivery.

This represents a fundamental shift in terms of approach and philosophy, and there is a strong likelihood that a number of key barriers will emerge in this process including[3]:

- existing policies, procedures and funding mechanisms - these will have been developed by either Child and Family Services or Disability in isolation and facilitate maintenance of the status quo (and inflexibility of service response);
- bureaucracy and power structures - integration can be perceived as threatening, with concern over loss of control of 'turf' or the clients they have traditionally served;
- differences in philosophy, vision and mission - this can lead program areas and funded agencies to work from different perspectives, with the requirement for a 'common language';
- limited knowledge and understanding of other parts of the health and human services system;

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[3] Adapted from the following sources: Ontario Municipal Social Services Council (2007), *A guide to thinking about Human Services Integration: making a difference for people and communities,* Ontario, Canada. Urban Institute (1999), *Literature Review on Service Coordination and Integration in the Welfare and Workforce Development Systems* accessed 30 May at: http://www.urban.org/url.cfm?ID=408026.

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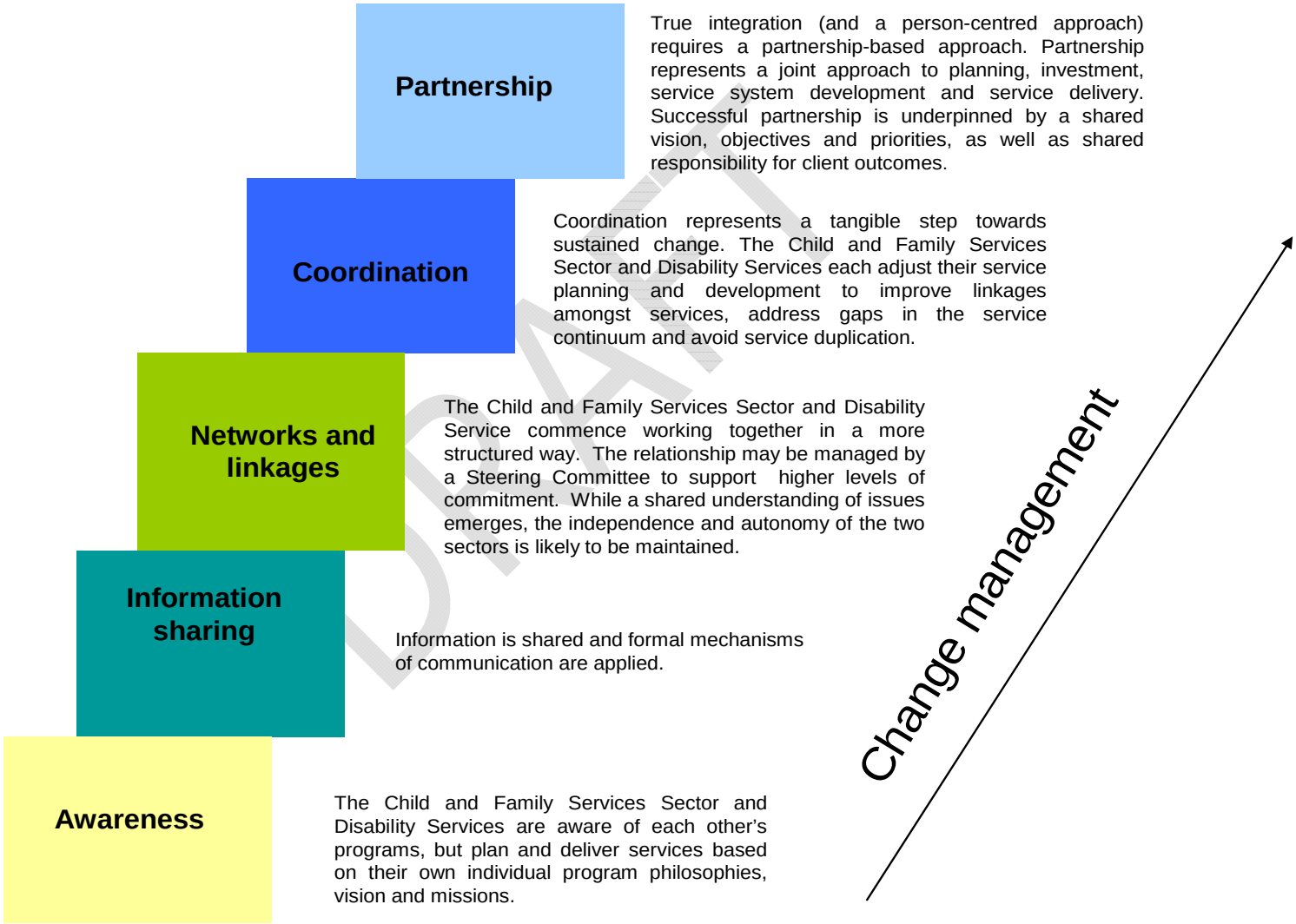
Figure 4: Levels of integration



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- the nature of the workforce, which tends to be highly specialised in particular fields or areas of interest, with few generalists, who can operate from a holistic perspective and work in an interdisciplinary team manner;
- differences in performance measures and accountability structures; and
- differences in terms of eligibility requirements, with Disability Services and Child and Family Services, each having a clearly defined target group.
- There will be a need to recognise and acknowledge these potential barriers at the commencement of the integration journey, encouraging stakeholders to speak openly about their concerns. This should then form the basis to:
- assist stakeholders to understand what to expect and how to manage their own personal change;
- engage the broader sector in the change process;
- jointly develop strategies to overcome resistance to change; and
- support commitment to integrated implementation of the reforms.

Mechanisms will need to be developed that enable stakeholders to participate fully in the reform journey (through the use of shared governance approaches and using effective two way communication structures – discussed further in section 4.3).

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2.3 Resource allocation and funding

There is a requirement to develop an equitable mechanism to distribute resources between regions, providers and individuals and families.

At a regional level, use of a population-based approach will ensure that resource allocation is based on population need and risk, to support equity between regional locations. Disadvantaged populations should have comparable access to services, and service system development should be promoted in those regions that are relatively under-serviced such as the North-West.

At a service provider level, this should be underpinned by a range of standardised and transparent pricing formulas to distribute funding between providers based on the cost of service provision.

This will involve:

Action 1: Population-based resource allocation formula (PBRAF). This will enable equity in the distribution of funding between regions based upon relative population needs (i.e. prevalence of

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disability, socio-economic status, rurality and availability of service infrastructure) and the cost of providing child and family services and disability support services to meet those needs.

Importantly, to enable effective integration this should also consider:

- opportunities to set aside a proportion of funding for 'joint action' on priorities for vulnerable or at risk children with a disability;
- support and encouragement to develop flexible funding approaches as part of regional planning; and
- other mechanisms to break down the funding silos, which often prevent a person-centred and holistic approach to service delivery.

Timeframes: This will occur during the first three months of 2008-09.

Action 2: Development of service pricing mechanisms. This will need to occur for community Disability Services already operating and for new Family Services and Out of Home Care programs that will be developed. New service pricing arrangements (comprising the unit price of cost per hour for each Service, Out of Home Care placement and Disability placement) need to be developed. This will commence with existing services and be extended to new service types as these are developed.

Timeframes: Development of a unit price for existing and new service types will occur during 2008-09.

2.4 Planning

Planning will occur at the state-wide, regional, service provider and individual level, with a high degree of alignment required between the different types and levels of planning. This will focus on joint planning to address the holistic needs of people with disability, and children, young people and families.

Over time, the capacity for joint planning will be developed, drawing together all the major programs within DHHS.

This will involve:

Action 1: Developing the planning framework to provide a consistent approach to strategic planning and priority setting in relation to Disability Services and Child and Family Services. This will describe:

- the nature of planning at the state-wide, regional, service provider and individual levels;
- how joint planning across the two sectors will operate;

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- the integration between the different levels of planning;
- the tools required to enable effective planning;
- how planning will guide investment; and
- desired outcomes of the planning process.

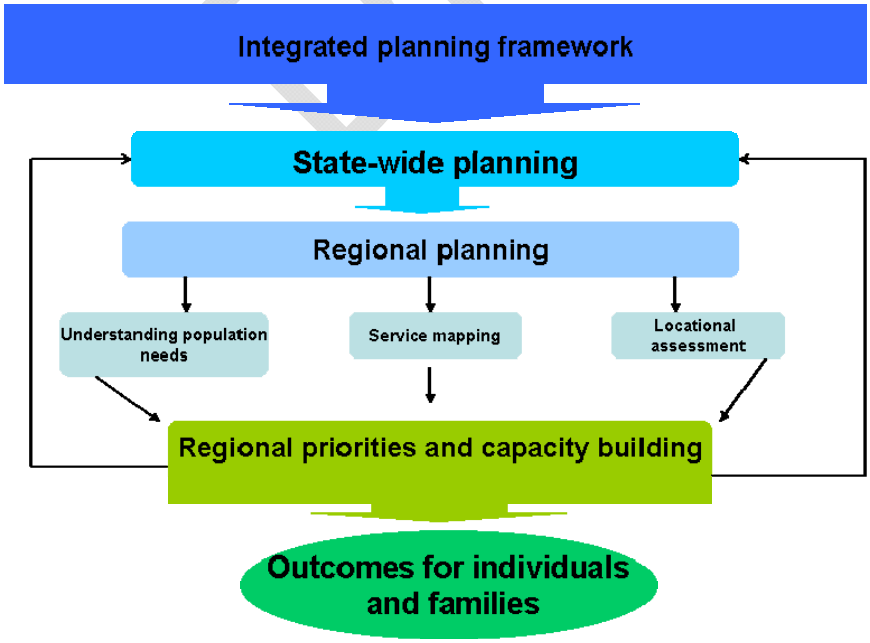
Timeframes: This activity will occur during the first three months of 2008-09.

Action 2: Establishing state-wide planning

The state-wide role will be determined through the development of the planning framework but as a minimum will include the following responsibilities:

- establishing state-wide priorities;
- guiding investment decisions;
- development of guidelines to support consistency of service delivery across the state;
- ensuring equity of resource allocation; and
- investigation and development of new models of support based on the advice of regions as to service needs, unable to be addressed by the current system.

Figure 5: Integrated approach to planning



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Timeframes: This activity will occur by the mid 2008-09.

Action 3: Establishing regional planning, with each region supported to:

- undertake an analysis of their population needs. This will provide a strong understanding of the profile of the community including demographics, prevalence of disability, prevalence of vulnerability amongst children and young people, numbers of children in Out of Home Care, economic disadvantage and environmental analysis and likely requirement for other DHHS services;

- map the current level and mix of services available to address the needs of people with disabilities and vulnerable children and families. In this process, it will be important to identify service gaps, waiting lists and other indicators of unmet demand and areas of service duplication, to enable joint planning to address such needs; and

- develop priorities for service provision and service system change (including the services and supports required to improve outcomes, and address the needs of shared clients). Importantly, this will guide the development of a continuum of service delivery options for children and families and individuals with a disability, including considering opportunities for jointly run and provided programs, which leverage the skills and expertise of both sectors.

As an outcome of each of the previous stages, the region will develop a proposed plan for service system development within the region. Plans will be forward to the state-wide governance group, and Reform Implementation Unit for consideration and to inform decision making on service growth, capital, and required new funding.

Decision-making should consider the:

- defined budget for the region, as determined through the population based resource allocation formula. This should include considerations of cost effectiveness;

- outcomes of community consultation, which highlight the needs and preferences of people with disabilities and children and families;

- current capacities of providers within the region; and

- what constitutes evidence based practice in service delivery to people with disabilities.

Once agreed the plan will be implemented. This will include targets over a three-year period to achieve a more contemporary and responsive Disability and Child and Family Service system.

Timeframes: This activity will occur by end 2008-09.

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Action 4: Service provider planning

To facilitate the implementation of regional based planning targets, individual service providers will be required to develop plans outlining how they will respond to the reforms. i.e. implement new initiatives, work in partnership with other providers and work across sectors.

This will be facilitated by appropriate education, training and skills transfer opportunities to build the skills of community service providers in relation to aspects of the planning role.

Timeframes: This activity will occur on an ongoing basis.

2.5 Assessment

Assessment for Disability Services and Child and Family Services will be managed by the Regional Access and Coordination Services and will be responsive to the needs, risks, goals and aspirations people with a disability and children and families seeking or requiring support.

This will involve:

- Step 1: Brief assessment, to determine the need for Child and Family Services, eligibility for Disability services and requirement for other DHHS services. This will be standardised; and
- Step 2: Where required, an assessment for specialist Disability Services and/or an assessment for Child and Family Services.

Figure 5 represents the service system continuum showing integrated system entry points, assessment and planning and referral pathways.

Assessments for **Child and Family Services** will determine:

- needs, risks and protective factors (with consideration given to the best interests principles);
- the type of services and support required - either Child Protection, Family Services, Out of Home Care);
- the needs of individuals or families while they are waiting on referral and response from the appropriate service (a holding response); and
- prioritisation of responses and demand management (according to level of need of individual, child or family).

Assessments for Disability Services will consider:

Once eligibility for specialist disability services has been determined, assessment will then determine:

- eligibility for specific programs. Within the potential population, the nature of the program to be accessed and the functional impact of a person's disability and the resulting need for support determines the potential sub-population eligible for service from a specific program.

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- priority of access. Within the population of people eligible for a program, priority of access determines who receives support. Priority of access is based on functional impact, need, risk and benefit [4]; and

- immediate needs for services, while they are waiting on referral and response from the appropriate service (a holding response).

As such, for all assessed by the Regional Access and Coordination Service the focus will be on ensuring that referrals are acted upon based on priority of need and active engagement at the point of referral and, if appropriate, providing short term supports which address immediate needs (potentially preventing a crisis situation from occurring).

The outcome of assessment for both people with disabilities and children, young people and families will be:

- referral and linkage with or specialist service;

- specialist assessment of needs;

- planning and coordination that addresses identified needs; and

- the implementation of the plan that may involve any or a number of services along the service continuum.

Development of the framework for assessment will involve:

Action 1: Review of good practice in assessment

This will identify:

- good practice elements of assessment frameworks used in other jurisdictions (to identify the need for Child and Family Services and Disability Services);

- how changing and emerging needs are re-assessed (i.e. review procedures);

- the relative effectiveness and efficiency of the approaches.

Action 2: Determine the overarching framework for Assessments

Using the desktop review as a basis, an overarching assessment framework should be developed that articulates (for each of Child and Family Services and Disability Services)

- the purpose of eligibility determination, needs identification and prioritisation;

[4] This sections builds on work KPMG has completed in relation to the development of a National Resource Allocation Framework.

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- the different requirements of specialist assessments at the Disability and Family Service levels;
- the core functions involved in each process and how each fits together to determine outcomes (in terms of service access) for individuals;
- what each of these should consider. For example:
  - what are the core criteria in determining eligibility for specialist disability support services or for family services;
  - what are the considerations in determining access to particular service/program types; and
  - on what basis is priority of access determined;
- when a brief assessment is required as opposed to a more multi-disciplinary assessment will be required;
- how assessment outcomes will guide the level and type of services required; and
- the use of ongoing assessment (or monitoring and review) to ensure that services continue to respond to changing and emerging needs over time.

Action 3: Targeted Consultation

To test the overarching framework for Assessment, a half day focus group should be held with Regional Access and Coordination staff, and relevant DHHS staff (within both Child and Family Services and Disability Services). This will ensure that there is a shared understanding of the approach and it is clear and understandable, and practical to apply.

Action 4: Operationalising the framework

This will involve developing:

- guidelines and a training package to support the practice of the Regional Access and Coordination function in undertaking generic assessments, specialist assessments and service coordination activities;
- guidelines for Child and Family Services and Disability Services in undertaking assessments and ongoing client reviews; and
- an information package/fact sheets for community members and other services that provides an overview of the assessment process. The information package must be in a form that is appropriate for people with disabilities, their families and carers, as well as being age and developmentally appropriate for children and families.

Action 5: Piloting

The overarching framework will be piloted on a limited basis (i.e. with 20-30 people with disabilities and children and families in one region) over a three-month period. Staff participating in the pilot will participate in training prior to the pilot and will have an opportunity to

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rehearse the use of the assessment framework in practice. The pilot will then provide an opportunity to:

- assess the effectiveness of the generic and specialist assessment framework in determining eligibility and need and identifying risk for children;
- monitor the effectiveness of the assessments for determining the level and type of response to be provided;
- identify any issues regarding the application of the framework in practice;
- verify that different assessors are using the framework in a consistent manner to support equity and transparency of outcomes; and
- ensure the user-friendliness and effectiveness of the guidelines and training package that accompanied implementation.

Action 6: Finalisation of framework

Feedback will be sought (from assessors, service providers, people with disabilities and their families and carers, and children, youth and families) as a basis to identify the effectiveness and appropriateness of the framework in its current format and key opportunities for improvement.

The framework will be modified as an outcome, and released for wider use by the Regional Access and Coordination Service and other appropriate service providers.

Timeframes: This activity will occur by end 2008-09.

2.6 Planning (for people with disabilities and/or children and families)

There will be a requirement to develop planning frameworks for both people with disabilities and children and families.

Disability Services

Application of a framework for individualised planning will allow people with disabilities to actively participate in the planning process, make choices and influence decisions about the way they wish to live their lives, and ensure that services align with their goals and aspirations.

Individualised planning will be developed in partnership with people with disabilities, their families and carers, and will be piloted to ensure the proposed processes are understandable and easy to apply, enable better matching of need to services and support the achievement of meaningful outcomes for individuals.

Children and Family Services

Planning for Family Services, Out of Home Care and Child Protection will be underpinned by the universal principles developed to guide the Child and Family Services reforms. This will ensure that assessment:

- is child-centred and family focused, and actively engages children and families in decision-making;

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- supports the best interests of children, which must be paramount in all decision making about children;
- considers the impact of cumulative harm; and
- initiates flexible, timely and solution focused services that will lead to improved family functioning.

The development of all planning frameworks (for both Disability Services and Child and Family Services) will be undertaken by DHHS central office with input from stakeholders through the governance and communication structures. In order to support effective implementation, education and training will be provided to regional access and coordination staff, and service providers on a regional basis. A component of the training will involve those involved in the pilot phase, sharing their insights, experiences and learnings.

Timeframes: This activity will occur by mid 2008-09

2.7 Establishing the Regional Access and Coordination function

Regional Access and Coordination will provide a visible point of access to services for people with a disability and vulnerable children, young people and their families. A single agency within each region (or a consortia of agencies) will take responsibility for managing the Regional Access and Coordination function.

To enable effective collaboration, regional network partners including DHHS, and funded Disability/Child and Family Service providers will identify staff (from both programs) to participate in the operational group. Importantly, this will also engage other DHHS services, to support referral to the full raft of services that individuals with a disability and children and families require (and needs to be met from an holistic perspective).

Partnership arrangements will enable a person-centred (child and family focussed) approach to service delivery. This will include implementation of standardised assessment, prioritisation, referral practices, and the development of local protocols based on the client journey through the service system.

As such, Regional Access and Coordination will act as a key means for improving effectiveness and efficiency of services and processes within regions.

Importantly, a staged approach will be used for the development of the Regional Access and Coordination service. In the first instance, the focus will be on supporting people with disabilities, and vulnerable children and families. However, over time there will be the capacity to widen the target group, supporting better service coordination and system navigation for all clients of health and human services programs in Tasmania.

Developing of the Regional Access and Coordination services will entail a number of key steps:

Action 1: Development of an overarching model for the Regional Access and Coordination function. The state-wide governance group will determine:

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- the broad parameters of the model (i.e. how the model will work to create a visible access point to services and key requirements to effectively support both people with a disability and vulnerable children and families);

- the broad functions that the Regional Access and Coordination function should perform on a regional basis. For both program areas, as a minimum this should involve:

  - creating a visible and transparent point of entry to disability and child and family services;

  - provision of information and referral;

  - assessment;

  - prioritisation;

  - individualised planning of services;

  - demand management;

  - early intervention for vulnerable children and families, and people with disabilities; and

  - monitoring and follow-up for people with disabilities who are generally self-managing but require some level of support

- core targets and key outcomes that the service should aim to achieve. Importantly, the desired outcomes will be common to both program areas and focus on:

  - business level objectives, such as outcomes in terms of supporting access to a suite of service options (including informal supports, other DHHS services, child and family services and specialist disability services) that better reflect individual needs;

  - operational objectives, such as timeliness of assessment and referral; and

  - quality objectives, including satisfaction of people with disabilities and children and families with service responsiveness and outcomes.

Once this has occurred, there will be a call for expressions of interest from agencies to establish and operate Regional Coordination and Access points.

Figure 6 provides a high level illustration of the likely make-up and functioning of Regional Access and Coordination function.

Action 2: Expressions of interest and selection of agencies to run regional coordination and access

Once the broad nature and shape of the model has been agreed, there will be a requirement for DHHS to call for expressions of interests from regional providers interested in operating the coordination and access function. Importantly, agencies will be encouraged to put in joint proposals to support a partnership-based approach. Core selection criteria should relate to:

- understanding of disability services, and the needs of people with disabilities;

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- understanding of children and family services, and the needs of children and families;
- understanding of and the capacity to work with other DHHS services (including universal, secondary and specialist services);
- understanding and experience in assessment, prioritisation and planning;
- level of support from other providers within the region; and
- agency capacity, from an effective governance and service delivery perspective.

Action 3: Development of staged implementation plan

The first deliverable for the agency/consortia appointed will involve development of a plan to guide the implementation of Regional Access and Coordination. Key milestones may include:

establishing an operational group (potentially a subset of the governance group) to oversee the new function, and participate in ongoing discussion about its operation and effectiveness. This group will need to comprise cross-sector representation from Disability Services and Child Protection and Family Services;

- developing the shared processes, systems and structures for Regional Access and Coordination. i.e. for referral;
- locating and fitting out appropriate premises;
- establishing a 1300 number, to better facilitate access;
- staffing including:
  - the requirement for a separate unit to be established to reflect that Regional Access and Coordination will operate on behalf of the region as a whole; and
  - employment of a multidisciplinary team, who between them have a strong understanding of the needs of people with disabilities and vulnerable children, young people and families are able to undertake assessment and referral to a high standard, as well as working within a partnership based framework in order to support the confidence of regional agencies.
- a 'go-live date'; and
- other related requirements.

Action 4: Ongoing regional discussion (amongst operational group members) will be a requirement to appropriately adapt the 'state-wide' parameters and functions to the local needs and conditions of each of the regions. Shared processes will be required across disability and family services programs in relation to:

- intake, including the use of generic and specialist assessment frameworks for both programs;

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- common standards in relation to the timeliness of response and approach. i.e. asking referring agencies for relevant information which may assist the assessment and consulting with the community and other professionals regarding needs and risks and the appropriate responses;

- managing demand. There will need to be a collaborative approach to the management of demand in order to maintain the flexibility to respond to the needs of people with disabilities and vulnerable children and families seeking support;

- referral to other agencies which can best address the individual or family's support needs and goals;

- data collection; and

- ongoing monitoring of the effectiveness of access and coordination.

Once all systems, structures and processes are in place, Regional Access and Coordination will go-live. Ongoing monitoring will occur against the key targets and outcomes, established at a state-wide level.

Timeframes: Regional Access and Coordination will go-live by end 2008-09

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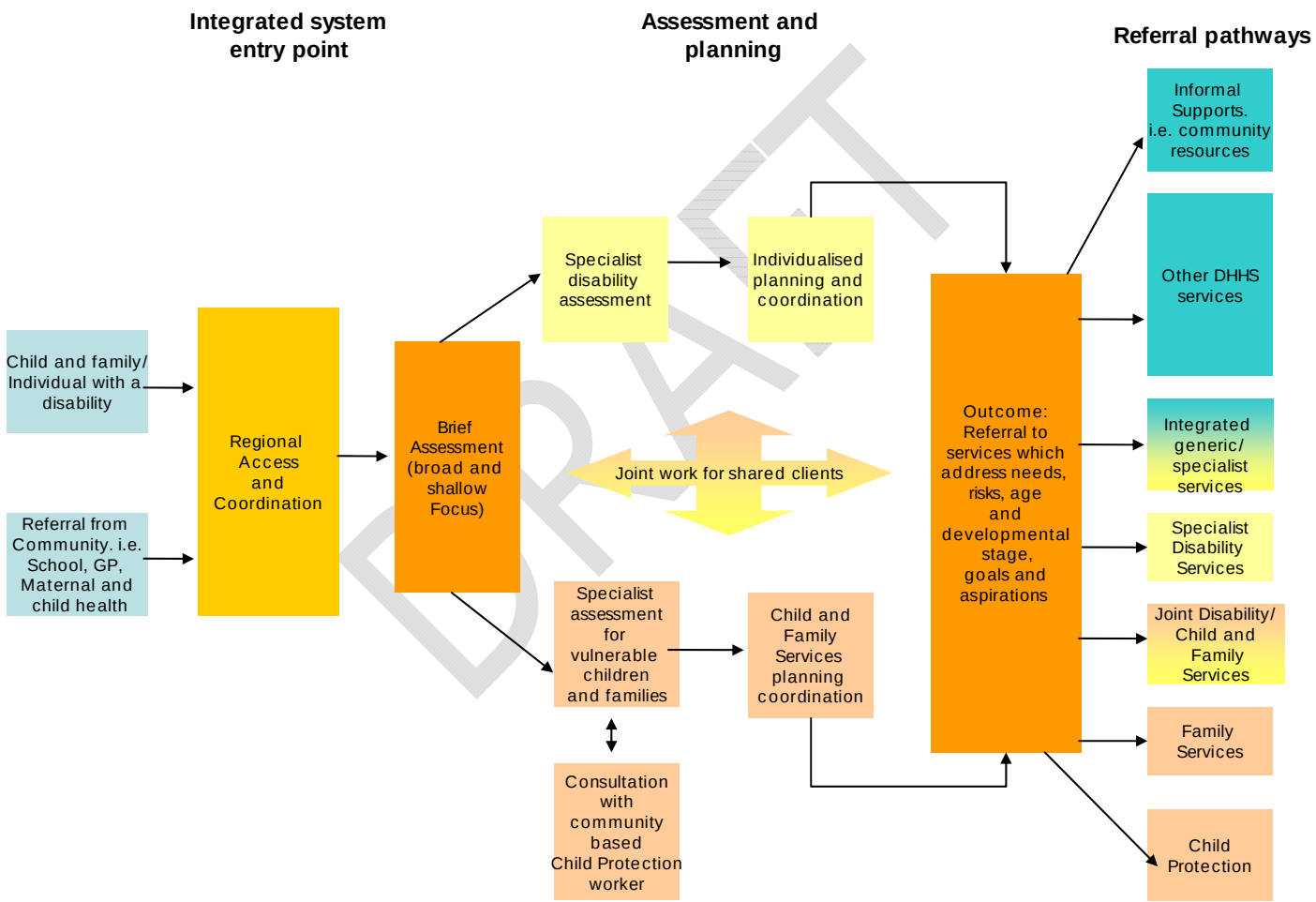
Figure 6: Overview of Regional Access and Coordination



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2.8 Outcomes

While Disability Services has a strong focus on output and process measurement (the number and type of services delivered), there is limited accountability for providing meaningful outcomes to people with disabilities, their families and carers. In terms of Child and Family Services, even output based measurement is limited.

As such, there is a need to focus on embedding a focus on meaningful outcomes into all aspects of service delivery. This should focus on:

- clear shared outcomes for people with disabilities - the key outcomes that all health and human services programs should be striving to achieve for individuals; and
- clear shared outcomes for children, young people and families – the key factors that make a tangible difference to children and young people, which all health and human services program areas should be working towards.

Importantly, this will also include a clear subset of outcomes that Child and Family Services and Disability Services will work towards jointly. i.e. in pursuit of better outcomes for children with disabilities or to support the parenting capacity of parents with disabilities.

This will involve the following stages:

Action 1: Developing an understanding of the aspirations of people with disability. This recognises that to plan, develop and deliver the types of services required to support and strengthen the capacity of individuals, there is a need to understand 'what's important' to people with disabilities. Initial consultation with people with disabilities, their families and carers will test this understanding.

This will be supplemented with focus groups engaging with advocacy organisations and services providers, to further explore systemic barriers and opportunities for change.

Action 2: Explore the evidence base of 'what makes a difference to children and young people'

This will involve reviewing the literature (and the experiences in other jurisdictions) to ascertain:

- the life and situational factors that impact on children and young people;
- core challenges that children and young people may face; and
- opportunities to improve children and young people's later life outcomes.

This will provide the basis to develop a suite of outcome measures, in order to assess the effectiveness of the interventions provided by Family Services, Out of Home Care, Child Protection, Disability Services and other universal, secondary and specialist providers.

Importantly, some of this work has already been undertaken in the development of the Strategic Frameworks for Family Services, Out of Home Care and Child Protection.

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Action 3: Defining system-wide outcomes for individuals

Building on the findings of the previous stage, this process will focus on building a set of measurable system outcomes as follows:

- the benefits that Disability Services (and other related health and human services) should provide to people with disabilities, their families and carers; and
- requirements to support the safety, stability and healthy development of children and young people.

Importantly, there will be a number of shared measures between Disability Services and Child and Family Services, which the sectors will be required to work towards in a joint manner.

A number of core criteria will be used to guide the development process. This is illustrated in Table 1 below.

Table 1: Core criteria in developing client outcomes measures

Child and Family Services	Disability Services
• Focus on the 'best interests' of children and young people • Encourage greater cross-program and inter-departmental effort and • Have the capacity to guide decision-making in relation to funding and resource allocation. i.e. future priorities for investment	• Be reflective of the aspirations of people with disabilities; • Recognise that people with disabilities are not a homogenous group and provide for diversity of expectations; • Assist providers to focus on the life areas and interests that are important to individuals; and • Be written in ways that people with disabilities can relate to and identify with.

Action 4: Application of the outcomes. Importantly, these outcomes focus should be translated to all levels of the service system. This should include:

- as a guide in working with people with disabilities, and children and families (i.e. planning);
- to describe the requirements of service provision, thereby enabling greater flexibility, innovation and responsiveness;
- within funding and service agreements, encouraging agencies to reorient their performance monitoring frameworks; and
- within the Services Standards.

Timeframes: Launch of the outcomes framework will occur by late 2008-09

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2.9 Quality systems

Contemporary quality systems focus on not only on assurance but effective risk management, quality improvement and capacity building.

In terms of risk management, there is a need to recognise the vulnerability of people with a disability and children and young people and ensure staff have been deemed appropriate and effective complaints management systems are in place, to respond to complaints and allegations of misconduct.

There is also a requirement to ensure that current and potential new providers are suited to and have the required skills and competencies to work in the Child and Family Services/ Disability sector. This should emphasise processes of pre-qualification to attain preferred provider status, key performance criteria in service agreements which create accountability for achieving agreed output and outcome based targets, and external assessment against core standards for Disability Services and Child and Family Services.

There is also an opportunity to strengthen the focus on global performance measurement, assessing sector capacity at the following levels:

- the individual level: creating outcomes and benefits for the person with a disability or the child(ren) and family;
- the service provider level: embedding quality into all management practices, and ensuring compliance against agreed standards; and
- the system level: focusing on system wide improvement strategies, and 'systemic-health'.

Action 1: Develop the elements of new quality assurance system

In order to respond to these issues, a new quality assurance system will need to be developed, including the following common elements for both Child and Family Services and Disability Services:

- key standards:
  - outcome standards for people with disabilities (which reflect what is important to individuals) and for children and young people (which reflect what makes a difference to safety, stability and development, as well as later life outcomes)
  - common governance standards of service providers, which reflect the systems, structures and processes which providers should have in place to support outcomes for people with disabilities and vulnerable children and families. Importantly, this will include the requirements for partnerships at the regional level; and
  - common system-wide standards, designed to support effectiveness and efficiency in service provision, partnerships, innovation, sharing of good practice and learnings and sector sustainability.
- common quality processes, outlining how the standards can be put into day to day practice;
- evidence indicators which describe:

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- the minimum expectations in terms of organisational systems and processes;
- measurable elements of good practice, that can be used to describe how effectively services are meeting outcomes for individuals; and
- opportunities for continuous quality improvement.

- monitoring systems, including self-assessment processes and external review;
- risk management practices and incident reporting; and
- financial reporting requirements.

This will provide the basis for a standardised quality framework which may be applied to all health and human services programs.

Timeframes: This activity will occur by early 2009-10.

2.10 Workforce

Short-medium term

In the short-medium term, there is a requirement to prepare the existing workforce to adopt a new outcomes based approach to service provision (noting there is no OOHC workforce in ngo sector and only a minimal FS workforce). This will require:

Action 1: Developing a core set of skills and capacities required by disability support workers, family services workers, OOHC and Child Protection under the proposed reforms. This will involve consideration of the 'broad competencies and skill requirements' of the workforce in the context of the reforms.

This is illustrated in table 2 below.

Table 2: Core competency requirements in response to the reforms

Workforce category	Key policy and practice changes affecting workforce skill requirements	Core competencies
Disability Services	A requirement to provide a broader range of service types; The need for more flexible partnership based approaches to service delivery; A strong emphasis on individualised planning; and A focus on outcomes for people with	A demonstrated understanding of the needs of people with disability; A capacity to assist people with disabilities to identify their goals and aspirations; A capacity to take a partnership based approach to working with individuals, informal support networks, universal, secondary and specialist providers and

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Workforce category	Key policy and practice changes affecting workforce skill requirements	Core competencies
	disabilities and quality.	other disability providers; Capacity to be flexible and adaptable, responding to varying needs; Capacity to work effectively with children and families; and People with disabilities, their families and carers, will be actively involved in developing the required skills, competencies and approaches, to ensure workers are adequately equipped to meet needs and preferences. The profile will also be tested with employers.
Family Services	A requirement to provide a broader range of service types (including greater emphasis on active engagement); A stronger emphasis on working creatively with children, young people and families with multiple and complex needs; and A strong focus on children's best interests	Maintain professional qualifications and pursue relevant professional development opportunities; Actively seek information and research about child development and appropriate interventions for children and families with complex needs (including the needs of children with disabilities); Engage in creative and evidence based practice with children and families; and Assessment and decision making in children's best interests.
Out of home care	Strong emphasis on supporting the best interests of children and young people. Increasing complexity in the behaviour and severity of need of children and young people who require Out of Home Care placements;	Engaging and working with children and young people; Working with high risk client groups (infants and young people and children with disabilities); Providing stability for children and young people;

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Workforce category	Key policy and practice changes affecting workforce skill requirements	Core competencies
		Working with parents (substance abuse, family violence, mental illness, disability, chronic neglect issues); Responding in culturally appropriate ways (with Aboriginal and CALD children and families); Collaborative case and care planning; and Decision-making in Children's best interests.
Child Protection	Increasing complexity in the behaviour and severity of need of children and young people being seen by Child Protection.	Engaging and working with children and young people; Working with high risk client groups (infants and young people and children with disabilities); Providing stability for children and young people; Working with parents (substance abuse, family violence, mental illness, disability, chronic neglect issues); Responding in culturally appropriate ways (with Aboriginal children and families and those from culturally and linguistically diverse backgrounds); Court skills; and Collaborative case planning.

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Action 2: Establishing appropriate education and training

A Professional Learning and Development Team (PLDT) within DHHS Central Office will be established to provide ongoing and regular training to Child Protection workers, Family Services, Out of Home Care and Disability workers. The focus will be on enhancing the existing team with highly experienced members of Disability Services Resource Teams (to support up-skilling of

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the specialist disability workforce), as well as a number of highly skilled professionals from the Child and Family Services sector.

Overall, training will support staff (across all program areas) to re-orient their approach to service delivery and the way they work with people with disabilities, children and families. This will support the continuous quality improvement of Child and Family Services and Disability Services through promotion of best practice; and strengthen the capability of the sectors by enhancing the skills, capabilities and career pathways of workers.

Nature of training

Competency based training will be run on a joint basis to explore the notion of working with children and families (including people with disabilities and their families) from a collaborative perspective. The aim of this joint training will be to establish and enhance a collaborative approach to service delivery and the use of a 'common language' to describe assessments and interventions (case plans) for children, young people and their families (including those with disabilities). There will be an opportunity for Child Protection, Family Services, Out of Home Care and Disability Services to undertake this training.

Support for attendance at training

Recognising that funding and the capacity to backfill can act as a key barrier to staff training, consideration should also be given to the requirement for training assistance grants. Grants would enable funded non-government service providers to subsidise the costs of travel, accommodation and administration when staff attend training.

Timeframes: This activity will occur by mid 2008-09.

Long term

Given Tasmania's ageing population, increasing demand for services and the intent to develop new models of service delivery, it will be important to build an effective workforce planning strategy for the sector (covering the Health and Human Services sector as a whole), to ensure that there is a skilled and competent workforce to support community members requiring support. The effective delivery of services to people with a disability and children, youth and families requires:

- an appropriately resourced, well-trained and stable workforce to give effect to the forward directions for Disability Services and Child and Family Services;
- an understanding of supply and demand dynamics, including environmental changes which impact on this;
- the development of a sustainable and responsive attraction and retention strategies to support the Human Services Workforce (which comprises Child and Family Services, Disability and other related areas) as an industry of choice;

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- an understanding of the educational requirements and core competencies for workers (especially given the emphasis on re-orienting the service system to focus on outcomes, the need for earlier intervention and increasingly complex needs of people with disabilities, and children and families); and

- structures for ongoing learning and development.

Action 1: Mapping the current Disability and Child and Families workforce . This will support an understanding of the workforce profile, workforce strategies (the employment model), and current challenges for the workforce.

This will be enabled through a workforce survey, engaging both DHHS staff and non-government service providers, and where required, will be supplemented with focus groups and forums with employers and employees to gain qualitative data. i.e. workforce satisfaction, future intentions of the workforce and requirements to create the sector as an industry of choice.

Action 2: National and International Research will then be used as a basis to consider the complexity of issues facing the disability and child and family services environments and best practice workforce strategies. i.e. the range of strategies used to support workforce attraction, recruitment and retention, and the components of best practice employment models.

Action 3: Development of options for a practical and evidence-based workforce strategy. This will consider opportunities to develop 'human services' as an industry of choice. That is, to differentiate human services in terms of what it can offer, supporting potential employees to seek out the sector when presented with other career options.

Importantly, the focus on human services overall, allows for the provision of opportunities for staff to move across the various sectors within the industry (i.e. Child and Families, Disability and other related areas) to increase skills, experience and career pathways. As such, this added flexibility will support the capacity to attract and retain skilled workers.

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3 Transition planning

Once the key infrastructure elements are in place, there is a requirement for transition planning, allowing for:

- devolution of service delivery to NGO service providers - this applies to Disability Services and Out of Home Care;
- further development of the continuum of services - this applies to Disability Services, Family Services and Out of Home Care Services; and
- building the capacity of the service system - this applies across all program areas.

3.1 Devolution of service delivery to NGO providers and increasing sector capacity

Out of Home Care[5]

The majority of Out of Home Care services in Tasmania are provided by DHHS, with a small number of placement options contracted to two NGO providers. As such, there is an intention that all services will be outsourced to NGO providers over a five year period. These reforms will require close alignment to reforms taking place concurrently to Family Services and Child Protection.

Action 1: Negotiations with existing providers

This will involve conducting negotiations with existing OOHC (non-government) providers to extend targets for existing programs. This will include:

- sharing service specification and funding agreement frameworks and seeking proposals from existing providers about how they could build capacity to deliver any services in the new system;
- revisiting current contracts to map existing provision onto requirements in the new service system; and
- supporting providers to build capacity to deliver to new targets.

Action 2: Conduct open tendering and contracting

This will identify and seek bids from providers to deliver new services, as well as developing contracts for all carers that clearly articulate the expectations and roles and responsibilities of the carer, the Out of Home Care service provider and the Department.

[5] Further detail is provided in the Out of Home Care Implementation Plan, KPMG, 2007.

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Action 3: Transitioning current foster carers

Transferring carers from the current system to the new system will require:

- mapping of current carers in terms of experience, skills and geographical location;
- contacting all current Department and NGO carers and inform them about new service system and what it means for them;
- requesting carers to consent to continue being carers and to identify what level of care they would like to be considered for;
- aligning current carers to programs under the new service structure and identify the OOHC service provider that will be responsible for managing the placement provided by individual carers; and
- contacting all carers and ask them to enter into new 'contracts' with the OOHC service provider. Contracts will clearly articulate the expectations and roles and responsibilities of the carer, the OOHC service provider and the Department. They should also reflect the carers understanding of and commitment to the new requirements and expectations of carers, such as attendance at mandatory training and formal reviews.

Action 4: Transitioning current rostered carers

Rostered carers will be transferred to new system through:

- conducting a mapping exercise to identify the location, and skills and qualifications of existing rostered carers;
- identifying short, medium and long-term staffing requirements for residential placements and mapping existing staffing profile to required staffing profile;
- holding face to face meetings with individual carers to clarify their role in the new service system and to identify transition plans if necessary. This might involve developing training and personal development to bring them up to required standards or might involve negotiating redundancy packages; and
- establish new contracts with carers to align their role to new standards and requirements and to agree their role in gaining qualifications if necessary.

Action 5: Training of voluntary and rostered carers

This will entail:

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- preparation of an information pack about new training opportunities and distribute to carers. Kinship carers should also be included in the distribution and given the opportunity to participate;
- delivery of mandatory, general training to all new and existing carers and other levels of training for carers who request or require further training. This should include training and awareness about the system reforms;
- maintaining records of training attendance and level on carer register; and
- follow up to ensure that all training is completed successfully and remove carers who do not complete training within a specified time period from the register.

Action 6: Transitioning children and young people already in care

Transitioning children and young people currently in care to the new service system will involve:

- mapping all children and young people already in care against the profile of their carer in the placement register;
- identifying where children and young people are in placements that are currently not suitable for their needs;
- establishing a transition process to move children and young people in more appropriate placements, if this is in their best interests; and
- share information held by the Department with new service providers to facilitate and support the new placements.

Importantly, this will also involve ensuring that all children and young people in care have current, up to date case and care plans and develop new ones if necessary.

Disability Services[6]

There is an intention to devolve all remaining direct service delivery responsibility – including service coordination – to the NGO sector over a three-year period. This will require a staged process to ensure continuity of support for individuals, and that the NGO sector is best positioned to meet the additional demand for services.

This will involve:

Action 1 – Communication with individuals and NGO providers

[6] Further detail is provided in the Disability Services Implementation Plan, KPMG, 2008

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People with disabilities, their families and carers, are likely to express some concern about the process of transitioning their care arrangements from the government to the NGO sector. As such, there will be a need to provide clear and transparent information to current government clients about:

- the rationale for the transition;
- what the process will entail;
- the structures to ensure that continuity in support provision will be maintained;
- the timeframes associated with the process; and
- how further information and advice can be sought.

Concurrently, NGO providers will need to be engaged about the planned transition process and their role, in enabling this.

Action 2 - Review the needs of all government clients

The first task will be to review the needs of all current recipients of government provided accommodation, community support, community access and respite services, to ensure the type of services being provided and the level of support is appropriate.

A plan will be developed in collaboration with the individual highlighting the range, type and level of services required and the most appropriate service provider. Where the individual's needs cannot be met by the current range of specialist disability supports the unmet need for support will be documented, and fed into the regional planning process. This will enable the development of an appropriate response into the future.

Action 3- Enhancing NGO capacity to provide existing services

Negotiations will be conducted with existing NGO providers regarding the potential to extend their current service delivery capacity. This will include:

- seeking proposals from existing providers about how they could build capacity to meet the needs of additional clients;
- identifying any capacity building requirements, particularly for smaller agencies; and
- reviewing current funding agreements.

Once these arrangements have been finalised, transition may commence.

Action 4 – Transition clients to new arrangements

Clients will then be transitioned to their new service providers. This will involve (as a minimum):

- a variation to the existing funding agreement;

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- a facilitated discussion with the individual about who their new support worker/provider will be, and how their individual needs, preferences have been considered in this process;
- a meeting between the new and outgoing support worker, to support sharing of information; and
- transition of client files.

Where an individual's particular needs are unable to met by the non-government sector (i.e. they require a new service type which is under development), they will continue to be serviced by the government sector for up to three years. At the end of this point, all individuals should be receiving services from the NGO sector.

Notwithstanding this, capacity to provide a continuum of flexible services should be completed well before the expiry of the government transitional arrangements.

Timeframes: This activity will commence in 2009-10.

3.2 Development of the service continuum

Development of the service continuum will ensure access to a more flexible range of services with a focus on 'supporting outcomes' in ways which are responsive to individual needs and are strongly evidence based. Importantly, this will increase the range and types of services available beyond the current traditional offerings.

Different strategies apply for each of Family Services, Out of Home Care and Disability Services.

Family Services[7]

Family Services will be delivered at different intensity levels and for varying durations, to respond to the assessed needs of Children and Families. The type and intensity of services delivered will be based on population needs. More intensive and specialised services will be provided to children and families where harm may have occurred with the aim of preventing a recurrence. The majority of Family Services will be provided to vulnerable children and families requiring intervention by secondary and tertiary services.

The levels of service intensity are as follows:

- Level one – information and advice, which involves the provision of information and support; or one-off crisis or episodic brief intervention.

[7] Further detail is included in the Family Services Implementation Plan, KPMG, 2007

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- Level two – low level support, which involves provision of low intensity case management or other service (such as group work); case work interventions; and secondary consultation.
- Level three - medium level support, which provides medium level case management; and case work interventions.
- Level four – high level support, involving intensive case management; and case work interventions.

Action 1 - Develop service specifications

Service specifications will be developed for family services including descriptions of service intensity. The duration and intensity of services across each of the four levels must be determined by each family's plan. The plan will outline the interventions required and clearly articulate the length of intervention, together with timelines for review of progress at intervals in the care plan.

Specifications will include:

- definition of Family Services;
- the aims and objectives of services at each level of intensity
- outcomes that should be achieved for children, young people and families;
- characteristics of children and young people (specific target group);
- key roles and responsibilities of providers;
- minimum skills and competencies required of staff; and
- the unit price.

A common template for service specifications will be developed covering Family Services, Out of Home and Disability Services. Each program area will then have responsibility for populating these with program specific information.

Action 2: Tendering for new providers to allow for the selection of appropriate providers of Family Services across Tasmania.

A common template for tendering will be developed covering Family Services, Out of Home and Disability Services. Each program area will then have responsibility for populating these with program specific information.

Action 3: Develop funding and service agreements to govern the provision of Family Services.

Timeframes: This activity will commence in 2008-09

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Out of Home Care

DHHS currently directly provides a limited number of placement types in kinship, foster or rostered care options. However, under the new Out of Home Care system a hierarchy of placement types will be available in recognition children and young people placed in care have a vast range of needs depending on their individual circumstances, including age, past experiences, family circumstances and the presence of medical or behavioural issues or disabilities.

The range of placement types include: kinship care; foster care; family group homes; therapeutic foster care; residential care; and therapeutic residential care.

Actions in developing the new placement options include:

Action 1 - Develop a service map which gives an overview of all types of OOHC placements in the new system and identifies the specific target group for each type of placement option.

Action 2 - Develop service specifications for each type of OOHC placement, including details of:

- definition of the placement type;
- objectives and aims of each placement type;
- duration of placements, location of placement, entry into placement;
- characteristics of children and young people for each placement type (specific target group);
- recruitment responsibilities;
- characteristics of carers;
- minimum skills and training of carers, including minimum levels of qualifications for residential carers;
- roles and responsibilities of carers;
- case and care planning and management;
- support for carers and placement; and
- transition and exit planning.

Action 3: Develop a funding and service agreement, which includes:

- number of placements contracted;
- brokerage funds available;

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- service delivery, administration (including payments to carers), reporting, monitoring and review requirements; and
- required outputs and outcomes.

This should be tailored to each placement type.

Action 4 - Establish a state-wide approval panel by identifying and inviting representatives from relevant organisations.

This panel will review full details of the assessment outcome and recommendations for potential foster carers. The purpose of the panel is to provide independent quality assurance to ensure that carer selection meets agreed standards and is consistent across the state.

The panel will have a defined membership, which will include representatives from Child Protection, Out of Home Care service providers, a carer-body (or a carer), and DHHS central office.

Action 5 - Develop specifications, protocols and procedures for the Placement Coordination function, including:

- objectives of the function;
- staffing requirements and standards;
- clear roles and responsibilities;
- reporting measure and structures;
- governance arrangements; and
- outcome and output measures.

This should include a strategy to monitor the use of the function and the appropriate placement of children and young people. This will include external reviews of placements to verify that policies were followed and that the placement meets the best interests of the child or young person.

Action 6 - Design and implement a carer register that can be accessed centrally by approved individuals and includes details of:

- carers location, type of care offered, skills, training level, previous experience;
- number and type of placements available at any one time; and
- out of home care service provider who manages the placement (and supports the carer).

This should include the development of protocols and procedures for maintaining and updating the register and for using it to facilitate placements, review carers and inform strategic planning for carer recruitment.

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Action 7 - Develop a recruitment strategy to inform advertising and recruitment campaigns for voluntary carers. The strategy will draw on demand projections from the Business Case[8] and will include:

- analysis of number of children requiring placements to 2013, including analysis of specific groups (e.g. Indigenous, or CALD);
- analysis of numbers of carers required to meet demand, including respite carers;
- frequency and target of advertising campaigns, including considerations for targeting carers for specific groups;
- policies and procedures for conducting advertising campaigns, responding to requests for information and links to service providers (in short and long-term);
- clear roles and responsibilities for central office and service providers;
- details of who is responsible for assessment of potential carers; and
- feedback and monitoring processes, using carer register, to measure success of campaigns, adapt campaigns as appropriate and determine when to run campaigns to maintain required number of carers.

This will be underpinned by an information pack to provide information to potential carers. Packs should follow state-wide formats but should be tailored to regional areas and, if necessary, to provide information to carers from specific groups (e.g. from CALD backgrounds).

Action 8 - Develop a state-wide advertising campaign to improve the profile of caring in Tasmania and attract initial pool of new voluntary carers. In the short term, this should focus on encouraging potential respite carers to volunteer. In the medium to long-term, this should be guided by the recruitment strategy. An advertising campaign will also be conducted, including a follow-up and evaluation of the impact of this campaign numbers of carers and public opinion about carers.

Timeframes: This activity will occur by end 2008-09.

Disability Services

A range of information sources will inform the development of the service continuum:

Action 1: Consider the outcomes of the Review of Tasmanian Disability Services

The review process highlighted the need for:

[8] KPMG Business Case, developed as part of the OOHC service system reform

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- more flexible models of accommodation support, including additional in investment in low intensity options such as in-home supports, models for those people seeking to build and maintain independence and shared care arrangements for children with disabilities;

- a wider range of community-based services, including access to early intervention, more meaningful day activities, support to participate in the local community and support to build new relationships/support networks all of which promote independence, inclusion and wellbeing and reflect the interests of people with disabilities; and

- extending respite beyond the traditional, to consider other options which support the sustainability of care arrangements, support families to continue to care and promote the health and wellbeing of individuals and families.

The level of need for these types of services should be tested during regional planning and the review of support needs of government clients.

Action 2: Consider the outcomes of a review of support needs of clients

As highlighted in section 3.1 above, a review of support needs of first government, and then NGO clients, will provide a valuable source of information to inform service system development. This will highlight the extent to which the current suite of services meets the needs of the client group.

Action 3: Consider information gathered through regional planning

As highlighted in section 2.4, regional planning will draw on an analysis of:

- planning and service delivery data highlighting current level and mix of services available to address the needs of people with disabilities, and key service gaps;

- community consultation, which highlights the needs and preferences of people with disabilities, their families and carers;

- locational assessment, which will focus on what is required to improve outcomes for people with disabilities; and
- what constitutes evidence based practice in service delivery to individuals.

Action 4: Triangulation of the data sources

The state-wide governance group will draw on each source of information in recommending the development of new services, and signing off on regional plans. This will ensure that the service continuum is extended in line with current and future need for services.

Action 5: Developing specifications for new service types

Once new service types have been defined, there will be a requirement to develop service specifications defining:

- the aims and objectives of each service type;

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- outcomes that should be achieved for individuals;
- key roles and responsibilities of providers;
- minimum skills and competencies required of disability support staff; and
- the unit price.

This will guide the tendering for services process, and the development of new funding agreements.

Action 6: Conduct request for tender process

An open tendering exercise will be conducted to identify and seek bids from providers to deliver new services. Providers will be assessed on the basis of:

- understanding of Disability Services, and the needs of people with disabilities;
- understanding of and the capacity to work with other local services (i.e. universal, secondary and specialist services within the region);
- level of support from other providers within the region;
- agency capacity, from an effective governance and service delivery perspective; and
- their capacity to develop and implement the new service types within a reasonable timeframe (i.e. within six months for community-based services, and up to 18 months for new models of accommodation).

Timeframes: This activity will occur by end 2009-10.

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4 Innovation and evaluation elements

A culture of ongoing learning, collaboration, openness to change and shared responsibility will be required to facilitate the reforms. DHHS and community service providers will be required to work collectively with the community with particular emphasis on working with vulnerable children, youth and families and people with disabilities, their families and carers, to support:

- innovative practice in service delivery including the development of new models of support;
- increased flexibility and responsiveness to needs;
- new ways of working across agency boundaries;
- sector capacity building; and
- outcomes for individuals.

This will be facilitated through:

- embedding action research and learning into the state-wide governance, regional governance, planning and access and coordination functions; and
- using the quality reporting framework as a basis to measure outcomes at the individual, service provider and system level.

4.1 Action research and learning

Each region will be supported to apply action research and learning. This will involve:

Action 1: Developing a suite of action learning tools

Such tools will enable:

- regional partners to collect data, information, stories and ideas to report on performance measures required under the funding agreements;
- learning from the experience of 'doing'; and
- continuous improvement in service delivery to meet the needs of vulnerable community members.

This will be facilitated by six-monthly workshops.

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Action 2: Facilitation of action learning workshops

At critical points, regional forums will be held to encourage critical reflection on progress and performance to date and planning for the future. The focus will be on:

- encouraging each of the regions to reflect and critique 'what's happened' in terms of implementing the reforms;
- identifying what's worked well, areas for improvement and key priorities for change;
- highlighting key contributors and barriers to success. i.e. what are the key characteristics of effective partnership arrangements;
- identifying ongoing opportunities for organisational capacity building including:
  - supporting the transfer of skills, knowledge, experience;
  - identification of best practice and innovation in service delivery;
  - requirements to build the sustainability of the sector; and
- setting key priorities for the future.

Action 3: Reporting

Throughout the implementation period, a number of consolidated workshop reports will be prepared which comment on the operation of regional governance, planning and the access and coordination function.

Reports will focus on key aspects such as:

- the appropriateness of governance structures (including clarity of roles and responsibilities);
- capacity to undertake regional planning and the usefulness of the planning process in identifying service gaps and opportunities;
- level of buy-in achieved amongst service providers and people with disabilities, children and families;
- outcomes in terms of emerging partnerships in service delivery and new models/practice approaches.

Timeframes: This activity will occur on an ongoing basis throughout the implementation of the reforms.

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4.2 Monitoring outcomes of the reforms

Action 1: Develop data collection tools

This will involve developing standardised tools to collect data about:

- the extent to which regional networks are contributing to meaningful outcomes for individuals with a disability and vulnerable children, youth and families; and
- service provider performance, including governance, service delivery structures, staffing, and other related indicators. This will include an assessment of service provider understanding of best practice in working with individuals and the approaches taken to contribute to outcomes.

Data collection tools will be simple, understandable and easy to complete. There will be the flexibility for tools to be completed in written questionnaire format, or administered to the client with the support of an advocate or other support.

Tools will map directly to the outcome based standards and evidence indicators.

Action 2: Baseline data collection

Before the effectiveness of the reforms can be measured in terms of generating systemic change, there is a requirement for data as a reference point. Baseline data collection across child protection, out of home care, the existing child and family services sector and disability services will provide:

- a strong understanding of the service provider and system performance in terms of contributing to outcomes for people with disabilities, and vulnerable children, youth and families;
- a profile of 'how well' services are working at a point in time; and
- a reference for measuring the outcomes of the reform process.

Action 3: Routine collection of data through implementation of the quality framework

In order to monitor the effectiveness of the reforms, a continuous improvement approach will be adopted. This will be enabled through implementation of the quality framework - with the application of the standard data collected tools as part of the annual self-assessment against the standards, and in undertaking independent quality audits. As such, ongoing comparison with past performance will provide an understanding of how the reforms have contributed to improved outcomes at the individual, service provider and system-wide levels. This links to section 2.9 Quality Systems.

4.3 Establish innovation grants

Establishment of innovation grants will provide the basis to provide incentives for good practice in service delivery.

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Action 1: Establishment of an innovation funding pool

One per cent of funding could be quarantined to reward innovative practice and excellence in service delivery / support to people with disabilities and vulnerable children, youth and families.

Guidelines should be developed to guide eligibility for innovation grants. These will consider:

- the frequency at which grants will be awarded;
- the streams of grants to be made available. i.e. different streams rewarding either child protection, family services, out of home care, specialist disability services, other DHHS services and communities;
- selection criteria for achieving an innovation grant.
- the application and funding process.

As an outcome, the innovation grants process will be publicised widely.

Timeframes: This activity will occur by end 2009-10.

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5 Establishment of the implementation support structures

The Review of Child Protection, Family Services, Out of Home Care and Disability services highlighted a requirement for substantial change required in order to implement contemporary practice, which has the capacity to effectively address the development, needs, risks and goals of people with a disability and vulnerable children, youth and families.

Given the magnitude of change proposed, a range of implementation structures are required including:

- a Systems Establishment and Reform Implementation Unit;
- regional staffing structures;
- an overarching communication strategy; and
- updated legislation, as a basis to embed the reforms.

These four activities are discussed below.

5.1 Systems Establishment and Reform Implementation Unit

A Systems Establishment and Reform Implementation Unit (within DHHS Central Office) is required to oversight the reform process allowing:

- the DHHS Disability and Child and Family Services teams to maintain their day to day business role;
- continuity in service delivery to people with disabilities, and children and families throughout Tasmania; and
- the capacity for a strong and exclusive focus on the reforms, enabling developments to be planned, coordinated and implemented in a timely manner.

This team will require ongoing access and support from the DHHS Executive (at the Deputy Secretary level) in order to address issues and resistance to change as it emerges.

This will involve:

Action 1: Development of specifications for the unit at DHHS central office to implement the reform and monitor progress and outcomes.

This includes:

- establishing the scope of the work required at a central level (as highlighted in this document);
- identifying roles and responsibilities (for both staff and external advisors); and

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- preparing job descriptions.

Action 2: Recruiting staff to the Unit.

Staff should be recruited for their capacity for strategic policy development and planning skills, and their experience in implementing change of a similar scale. Consideration may also be given to sourcing staff involved in similar reforms undertaken in other jurisdictions. This will allow for transferability of lessons and experience.

Importantly, this unit will also oversee all tendering functions for both Child and Family Services and Disability Services.

Timeframes: This activity will occur within the first three months of 2008-09.

5.2 Changes to Regional staffing arrangements

To support the implementation of the reforms, there will be a requirement for changes to key regional management and staffing including:

- Creation of a single reporting line and management for Child and Family Services and Disability Services. Effectively under these arrangements, Area Managers will have a wider responsibility in terms of involvement in regional networks, regional planning and collaborative work with NGOs across Child and Family Services and Disability. This will enable the integrated implementation of the reforms, and support better partnerships between DHHS and NGO providers at the regional level.

- Changes to the role of the Child and Family Services have Area Liaison Officers (ALOs). From July 2008, ALOs are likely to support Area Managers by:

    - representing DHHS in regional networks and planning mechanisms;

    - ongoing sector capacity building and liaison (supporting the transfer of skills, knowledge, behaviour, best practice and innovation in service delivery between providers to build sector sustainability).

- Creation of contract managers at the regional level, with a strong role in overseeing community service providers, to ensure that contractual requirements are understood and being met.

Timeframes: These activities will occur within the first three months of 2008-09.

5.3 Establish the reform communication strategy

A clear communication strategy is required to raise awareness and understanding of the planned changes, disseminate information to key stakeholders, help maintain the interest, enthusiasm, and commitment developed in the course of the reviews, and to minimise potential apprehension (and associated resistance) about the system-wide changes.

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Action 1: Develop the communication strategy

This will inform the community (with particular emphasis on people with disabilities, their families and carers, and vulnerable children youth and families), service providers, DHHS staff and other relevant parties about the disability and child and family services reform agenda. As such, this strategy should articulate:

- the rationale for the change;
- what the change will involve and the timeframes over which the process will be implemented;
- how stakeholders can contribute to the implementation process;
- the benefits for the community,, service providers and DHHS staff; and
- next steps and opportunities for ongoing involvement in implementation planning.

Action 2: Risk identification and management

The focus will be on identifying the likely issues/risks that may arise in communicating the reforms, and develop appropriate risk management responses.

This may include:

- potential high level resistance and discontent amongst DHHS staff regarding the devolution of Disability Services and Out of Home Care Services from the government to the NGO sector;
- concerns from that the changes may affect continuity in service delivery, with Disability Services or Child and Family Services; and
- initial concerns from universal and other secondary/specialist services regarding their role in the reform agenda, and capacity to work collaboratively with disability services.

Action 3: Implementation of the communication strategy

This will involve a range of communication approaches to effectively engage all parties in the change process. Suggestions include:

- formal announcement by the Minister and an associated Press Release highlighting that the government has endorsed the review findings and will commit significant additional funding over three years to re-orient disability and family service delivery;
- the development of a communication piece which highlights the-new integrated strategic policy framework for health and human services;
- the use of an Industry Roundtable, involving representatives from Child and Family Services and Disability Services to discuss the implementation of the reforms, and agree next steps;

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- engagement of respected stakeholders (i.e. the NDS, members of the Premier's Disability Advisor Council, CREATE, TASCOSS, and the University of Tasmania) to promote the benefits of the reforms amongst their membership;
- development of tailored fact sheets for community members, clients and service providers;
- establishment of a health and human services reform website to provide regular progress updates, fact sheets and other related materials;
- use of more targeted approaches to engaging children, young people, families and individuals with a disability and their families. i.e. through the use of regional liaison officers, use of advocacy services to ensure client views are heard, questionnaires in local newspapers, engagement through universal service providers or GPs and schools; and
- ongoing forums for community members, peak bodies and service providers at key points of the implementation process.

Timeframes: This activity will commence in 2008-09 and occur on an ongoing basis throughout the implementation of the reforms.

5.4 Legislative Review

Legislative review will be required to underpin the reforms, including:

- A review of The Disability Services Act 1992; and
- A review of the Children, Young Persons and their Families Act, 1997.

A review of the The Disability Services Act 1992 will be required to ensure the Act is reflective of the changes to disability services and contemporary practice. The legislation will be designed to support the emphasis of inclusion and participation, consistent systems for service access, individualised planning to meet needs, goals and aspirations, continuous quality improvement and outcomes for individuals.

A review of the Children, Young Persons and Their Families Act will be necessary to ensure that the three new strategic frameworks (Child Protection, Family Services and Out of Home Care) are consistent with the legislation.

Emphasis should be embedded in both sets of legislation to ensure that information can be shared appropriately and effectively.

The legislative review will commence in year 3 of the reform process.

Action 1: Evaluation of the legislative framework

The existing legislative frameworks (detailed above) will be evaluated to identify the key areas for change. This will involve:

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- assessing the relevancy of the Acts and degree of fit with the reform directions;
- assessing the Disability Act in light of the implementation of the Commonwealth State and Territory Disability Agreement mark III;
- review the opportunity to change existing legislation to allow families to seek short term voluntary care (respite care) directly from respite care service provider, without requiring an agreement with Child Protection; and
- considering opportunities to use changes to the Acts, as an agent of change.

Where the change proposed extends further than the current reform process, there may be a requirement to assess the impact of the legislative reforms on the government and non-government sectors, as well as costs and benefits of the process.

Action 2: Implementation of new legislation

The new legislation will better reflects contemporary practice, and can provide the basis to embed the disability reform agenda into practice. Where there are significantly new provisions included within the legislation (i.e. the reform has progressively evolved), this will include appropriate education and training about the legislative changes.

Timeframes: This activity will occur during 2010-2011.

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6 Schedule of implementation activities – 2008/09 -2010-11

Implementation Plan section	Implementation Activity	Year 1 2008-2009	Year 2 2009-2010	Year 3 2010-2011
2.1	Governance arrangements			
	• Clarify the relative roles and responsibilities of government, service providers and people with disabilities, their families and carers	✓		
	• Establish cross-government arrangements	✓		
	• Establish state-wide governance arrangements	✓		
	• Establish regional governance arrangements	✓		
	• Establishing partnerships with mainstream services - including the development of an interface group	✓		
2.2.	Develop and implement change management strategy	✓	✓	✓
2.3	Resource allocation and funding	✓	✓	
	• Develop population-based resource allocation formula	✓		
	• Develop unit pricing for existing services	✓		
	• Develop unit pricing for new services	✓	✓	
2.4	Planning	✓	✓	
	• Develop the planning framework	✓		
	• Establish state-wide planning	✓		
	• Establish region planning	✓		
2.5	Assessment	✓		
	• Review of good practice in assessment	✓		

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Implementation Plan section	Implementation Activity	Year 1 2008-2009	Year 2 2009-2010	Year 3 2010-2011
	• Overarching framework for assessment developed	✓		
	• Targeted consultation	✓		
	• Operationalising the framework	✓		
	• Piloting	✓		
	• Finalisation of the framework	✓		
2.6	**Planning for people with disabilities and for children and families**	✓		
2.7	**Establish the Regional Access and Coordination function**	✓	✓	
	• Model development	✓		
	• Demand modelling	✓		
	• Expressions of interest	✓		
	• Development of staged implementation plan	✓		
	• Regional discussion	✓		
	• Go-live	✓		
2.8	**Outcomes**			
	• Develop an understanding of the aspirations of people with a disability	✓		
	• Define system-wide outcomes	✓		
	• Release consultation document	✓		
	• Launch the formal framework	✓		
2.9	**Quality systems**			
	• Develop the new elements of quality assurance		✓	
2.10	**Workforce**			

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Implementation Plan section	Implementation Activity	Year 1 2008-2009	Year 2 2009-2010	Year 3 2010-2011
	Implement short-medium term strategy • Develop a core set of skills and capacities required by staff • Establish appropriate education and training	✓ ✓		
	Implement long term strategy • Mapping the current Disability and Child and Families workforce • Assess implication of National and International Research (and emerging best practice) • Develop a practical and evidence based workforce strategy		✓ ✓ ✓	
3.1	**Devolution of service delivery to NGO providers**		✓	✓
	OOHC: • Negotiations with existing providers • Open tendering and contracting • Transitioning current foster carers and rostered carers • Training of voluntary and rostered carers • Transitioning children and young people already in care	✓ ✓ ✓ ✓ ✓		

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Implementation Plan section	Implementation Activity	Year 1 2008-2009	Year 2 2009-2010	Year 3 2010-2011
	Disability Services: • Communication with individuals and NGO providers • Review the needs of government clients • Enhancing NGO capacity to provide existing services • Transition clients to new arrangements		✓ ✓ ✓ ✓	
3.2	**Development of the service continuum**	✓	✓	✓
	Disability Services: • Triangulate the data collected through the Review of Tasmanian Disability Services, outcomes of the review of existing clients' support needs, and information gathered via regional planning • Develop specifications for new service types • Conduct request for tender process • New service types being delivered		✓ ✓ ✓ ✓	
	Family Services: • Develop service specifications • Tendering for new providers • Develop funding and service agreements	✓ ✓ ✓		

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Implementation Plan section	Implementation Activity	Year 1 2008-2009	Year 2 2009-2010	Year 3 2010-2011
	OOHC: • Develop Service map of OOHC placement types • Develop service specifications • Develop funding agreements • Develop protocols and procedures for placement coordination • Design and implement a carer register • Develop a recruitment strategy • Develop a state-wide advertising campaign	✓ ✓ ✓ ✓ ✓ ✓		
4.1	Action research and learning		✓	✓
	• Develop suite of action learning tools		✓	
	• Facilitation of action learning workshops		✓	✓
	• Reporting		✓	✓
4.2	Monitoring outcomes of the reforms		✓	✓
	• Develop data collection tools		✓	
	• Collect baseline data		✓	
	• Routine data collection through the quality framework			✓
4.3	Establish innovation grants		✓	
5.1	Establish the systems implementation and reform unit	✓		
5.2	Changes to regional staffing arrangements	✓		
5.3	Establish and implement the	✓	✓	✓

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Implementation Plan section	Implementation Activity	Year 1 2008-2009	Year 2 2009-2010	Year 3 2010-2011
	communication strategy			
5.4	Legislative review - Child and Family Services - Disability Services	✓		✓

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